

Application for Employment

PRIVATE AND CONFIDENTIAL

Please complete in BLOCK CAPITALS

Hospital applied to:	
Position applied for:	
How did you hear of this vacancy? (include date)	

PERSONAL PARTICULARS

Full Name: Mr/Ms/Mrs/Miss		
Address:	Telephone Number (including STD Code)	
	Home:	
	Mobile:	
	Business:	
Tick box if you do not want to be contacted at work <input type="checkbox"/>		
E-mail address:	Are you a British subject or a national of any EU country?	Yes/No
	If not, do you have the right to work in the UK and a current work permit?	Yes/No
N.I. Number:	If so, please state the expiry date of your right to work in the UK and/or your work permit:	

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EDUCATION AND QUALIFICATIONS

QUALIFICATIONS: Please give details of examinations attempted and results (including any examinations failed)

Name(s) and Address(es) of School(s)/College(s)	Subject/Courses Studied & Level	Examination Result/ Grade (include any examinations failed)

FURTHER AND HIGHER EDUCATION: Please give details of all further and higher education since leaving school including training courses and details of qualifications.

University/College/ Institute Attended	Subjects Studied Type of Training	Qualifications Obtained

PROFESSIONAL ASSOCIATIONS: Please state whether you are a member of any technical or professional association, and if so, which:

FOREIGN LANGUAGES: Please list any foreign languages you speak and your level of competence, both oral and written:

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EMPLOYMENT HISTORY

Please list starting with the most recent, all the organisations for which you have worked:

Name(s) and Address(es) of Employer(s)	Position Held/ Main Duties	Starting/ Leaving Salary	Starting/ Leaving Date		Reason for Leaving

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SUPPLEMENTARY INFORMATION

Please give details of any experience, skill or achievements which you feel may be relevant in your application for employment.

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Please give dates of any holidays arranged:

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Are you currently subject to any contractual "restraints of trade" clauses?

Yes / No

If Yes, please give further information:

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Do you have any commitments which might limit your working hours?

Yes / No

If Yes, please give details:

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Have you ever been convicted of a criminal offence or received a warning, caution or reprimands. Any of the above are not necessarily a bar to employment.

Yes / No

If Yes*, please give further information:

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**REHABILITATION OF OFFENDERS ACT 1974*

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the above Act by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. Applicants are therefore, not entitled to withhold information about convictions which for other purposes are "spent" under the provisions of the Act and, in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action. Any information given will be completely confidential and will be considered only in relation to an application for positions to which the Order applies. The post you are applying for involves working with vulnerable adults and as such you will be required to consent to the disclosure of any criminal record you may have by the CRB. If you are offered the post, you will be required to complete an application for disclosure and will not be able to start work until the disclosure is received and approved.

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Salary Range Expected:	
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How much notice are you required to give to leave your present employment?	
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Have you worked for us before?	Yes / No
If Yes, give details of reason for leaving:	

Please list your interests, sports, hobbies, etc.

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EQUAL OPPORTUNITIES

Applicants for jobs will not be unfairly discriminated against on the grounds of their sex, marital status, disability, colour, race, nationality or ethnic origin, sexuality or age. To ensure the effectiveness of the policy, and to assist in its development, it has been decided that all applicants will be monitored for employment and promotion.

All information will be treated in confidence and will not be seen by staff directly involved in the appointment. The questionnaire will be detached from your application form, stored separately and used only to provide statistics for monitoring purposes. Thank you for your assistance.

Date of Birth:		Where did you see this post advertised?	
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Male:	<input type="checkbox"/>
Female:	<input type="checkbox"/>

Are you disabled?	Yes / No
Do you consider yourself to meet the Disability Discrimination Act definition of a Disabled Person?	Yes / No

For Disabled Candidates only

To help recruiter's decide whether a reasonable adjustment will be required, please answer the following questions.

Does your impairment prevent you from carrying out any of the duties of the post? <i>If yes, you are still encouraged to apply as we may be able to make some changes to accommodate a suitable disabled candidate. It would be helpful if you let us know what the potential difficulties might be.</i>	Yes / No

If called for an interview, does your impairment require us to make any particular arrangements? <i>If yes, please describe. It would be useful if you could give us any information you have about how these might be overcome. If you do not let us know at this stage what your needs are, there is no guarantee that we can meet them if you let us know at a later date.</i>	Yes / No

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Ethnic Origin

Asian or Asian British		
Bangladeshi:	AB	<input type="checkbox"/>
Indian:	AI	<input type="checkbox"/>
Kashmir:	AK	<input type="checkbox"/>
Pakistani:	AP	<input type="checkbox"/>
Other: <i>(Please specify)</i>		

Mixed		
White and Asian:	MA	<input type="checkbox"/>
White and Black African:	MF	<input type="checkbox"/>
White and Black Caribbean:	MC	<input type="checkbox"/>
Other: <i>(Please specify)</i>		

Black or Black British		
African:	BA	<input type="checkbox"/>
Caribbean:	BC	<input type="checkbox"/>
Other: <i>(Please specify)</i>		

White		
British:	WB	<input type="checkbox"/>
Irish:	WI	<input type="checkbox"/>
Other: <i>(Please specify)</i>		

Chinese or other ethnic groups		
Chinese:	CC	<input type="checkbox"/>
Other: <i>(Please specify)</i>		

Country of Birth

UK	<input type="checkbox"/>	Other ECC	<input type="checkbox"/>
Eire	<input type="checkbox"/>	Other (please specify)	

Marital Status

Married	<input type="checkbox"/>	Single	<input type="checkbox"/>
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Do you have prime responsibility for caring for children?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Do you have responsibility for caring for elderly or infirm relatives?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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OCCUPATIONAL HEALTH PRE-EMPLOYMENT QUESTIONNAIRE

Basic Health History

If your answer to any of these questions is YES or if you are currently taking any medication please provide details in the space below	Yes	No
Do you need any special aids/adaptations to assist you at work, whether or not you have a disability?	<input type="checkbox"/>	<input type="checkbox"/>
Are you having or waiting for treatment/investigations of any kind at present?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had any health problems which may have been caused or made worse by work?	<input type="checkbox"/>	<input type="checkbox"/>
Details:		

Name and number of your GP surgery:

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Declaration

The information supplied is true to the best of my belief. I agree to inform my employer of any health problems so that my health and safety can be protected whilst at work

Name	Signature	Date

Office Use Only

Should the answer to any question be yes or the details box raise any medical issues please forward a letter to the potential staff members GP requesting further information once agreement has been authorised by the potential staff member.

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REFERENCES

Please give the names and addresses of two referees who are not related to you, who we can approach for a confidential assessment of your suitability for this job. (One of these must normally be a previous employer).

Can we approach your present/most recent employer?	Yes / No
(Tick in box if you do not wish your employer to be contacted before an offer of employment is made)	<input type="checkbox"/>

Name, Position, Address and Telephone Number	Name, Position, Address and Telephone Number

DECLARATION OF APPLICANT

I confirm that the above information is correct.

I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable for dismissal.

I consent to the Organisation using and keeping information I have provided on this application or elsewhere as part of the recruitment process and/or personal information supplied by third parties such as referees, relating to my application or future employment. I understand that the information provided will be used to make a decision regarding my suitability for employment and if successful the information will be used to form my personnel record and will be retained for the duration of my employment. If I am not successful, I understand that the Organisation will retain the form for as long as is deemed necessary and that the Organisation may use it to contact me in the event of there being any other vacancies for which I may be suitable.

Signed:		Dated:	
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FOR OFFICE USE ONLY		INTERVIEW RECORD	
Interviewed by:		Date:	
Comments/Areas to Examine:			
Decision:	Reject	Further Interview	Accept
(Tick as applicable)			
Interviewer's report and reasons for decision:			
			Rejection letter sent: Yes / No

APPOINTMENT RECORD (To be completed where there has been an offer of employment).		
CONDITIONAL OFFER LETTER Date sent: Response: Acceptance/Refusal/No reply		REQUESTS FOR REFERENCES Date sent: Response: Good/Satisfactory/No Reply/Suspect/Unsuitable
MEDICAL/MEDICAL REPORT Date sent: Response: Good/Satisfactory/Suspect/Unsuitable		OTHER CONDITIONS Further proof of N.I. number or right to work requested:
Starting Date: Starting Salary:	Grade:	Job Title: Personnel/Clock Number: